

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

01 JAN 22 AM 8:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000002732**

1. Corporation Name

**VOLVO AERO NORTH AMERICA, INC.**

Principal Place of Business

Mailing Address

S461 81 TROLLHATTAN  
 SWEDEN

S461 81 TROLLHATTAN  
 SWEDEN



**REINSTATEMENT**

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/27/1999	
City & State		City & State		5. FEI Number	
Zip		Country		98-0131875	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4
C/D	GUSTAFSSON, LEIF	S461 81 TROLLHATTAN	SWEDEN
<del>YC</del> D	<del>LIDMAN, LARS</del> Carleson, Edward	<del>S461 81 TROLLHATTAN</del> S461 81 Trollhattan	<del>SWEDEN</del> Sweden LS
P	MALMROS, CLAES	645 PARK OF COMMERCE WAY	BOCA RATON FL 33487
EVP	ZUTTY, PETER	645 PARK OF COMMERCE WAY	BOCA RATON FL 33487
<del>SVPO</del> EVP	<del>SILVERSTRI, SALVATORE T</del> Cumberlidge, William	<del>790 RAILROAD AVE.</del> 645 Park of Commerce Way	<del>WEST BABYLON NY</del> Boca Raton FL 33487
SEVP	HARTNEY, KEVIN ESQ.	645 PARK OF COMMERCE WAY	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

10: I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Deborah D. Skipper REGISTERED AGENT MUST SIGN  
 Signature of Deborah D. Skipper Asst. Secretary  
 Date 12-19-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Edvard Carleson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 14-DEC-2000  
 Daytime Phone # 011-46-520-9425